

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009-362-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: MARK D. WILLIAM DBA WILLIAMS TRANS Telephone: 803-238-7786  
Address: 16 SWEET THORNE Fax: 803-781-9581  
IRMO, SC. 29063 Other:  
Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application – Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input checked="" type="checkbox"/> Application – Class C Non-Emergency   | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application – Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application – Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
 Attn: Docketing Department  
 101 Executive Center Drive  
 Columbia, SC 29210  
 (Mailing address: Post Office Box 11649, Columbia, SC 29211)

Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS ~~C-CHARTER~~ Non-Emergency

DATE 8-24, 2009

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION  
 OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.) Mark D. Williams

d/b/a Williams Transportation

2. (a) Street Address of Applicant 16 SWEET THORNE CIRCLE

JENO, SC. 29063

- (b) Mailing address, if different from street address SAME AS ABOVE

- (c) Telephone Number 803-238-7786

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.
6. The proposed list of equipment is as per Exhibit "D" included herewith.

RECEIVED  
 DOCKETING DEPT.  
 OSC SC  
 8007 8/24/09

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

**BALANCE SHEET**

Balance at Time Application is Filed:

Month: 8-24 Year: 09

<b>Assets:</b>	
Cash	5,000.00
Receivables	0
Real Estate	65,000.00
Buildings and Equipment-Net	0
Motor Vehicles-Net	10,000.00
Garage Equipment-Net	10,000.00
Machinery and Tools-Net	0
Supplies on Hand	0
Prepays and Other Assets	0
<b>Total Assets</b>	90,000.00
<b>Liabilities and Equity:</b>	
Accounts Payable	0
Notes Payable	0
Mortgages Payable	0
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	0
<b>Total Liabilities</b>	0
Capital Stock	0
Retained Earnings	0
<b>Total Equity</b>	0
<b>Total Liabilities and Equity</b>	0

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

I, MARK DWAYNE WILLIAMS, OWNER / OPERATOR  
(Name of Applicant's Representative) (Title)

of WILLIAMS TRANSPORTATION the Applicant for the Certificate of Public  
(Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

**SWORN TO BEFORE ME**

This the 23<sup>rd</sup> day of August 2009

Michael Pearson  
(Notary Public)

Commission Expires: 5/30/2010

Michael Pearson  
(Signature of Applicant's Representative)

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant MARK D. WILLIAMS DBA WILLIAMS TRANSP.

For the transportation of passengers as follows:

Area to be served: LOLA, CHS, ALLANDALE, FAIRFAX, DANDERS,  
DENMARK, BREWELL, AIKEN, AUGUSTA, GREENVILLE, AND ALL POINTS  
IN (SC).

Number of passengers (Per Vehicle): 7

Fares : 450.00

Date 8-24-09 Mark Wayne Will.  
By

OWNER / OPERATOR  
Title



**INSURANCE QUOTE**

The following insurance quote is for:

MARK WILLIAMS DBA WILLIAMS TRANSPORTATION  
(Name of Motor Carrier)

116 SWEET THORNE CIRCLE IRMO, SC 29063  
(Address of Motor Carrier)

**Amount of Premium:**

Liability Insurance 4400.00

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

1 - 7 passengers - 25,000/50,000/25,000  
8 - 15 passengers - 25,000/100,000/25,000

Scottsdale Insurance Company  
(Insurance Company Name)

1245 Celebration Blvd Florence, SC 29051  
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

8/4/09 Jerry Poston  
Date (Authorized Insurance Company Representative)

4/27/07

Mark Williams - insurance quote

Hi please see attachment thank you

Tammy Poston  
Office Manager



COMMERCIAL INSURANCE  
SERVICES

**"Protecting your business is our business"**

*1245 Celebration Blvd, Florence SC 29501*

*Phone 843-407-4090*

*Fax 843-664-0831*

[www.commercial-ins.com](http://www.commercial-ins.com)

**P.S. Please note our office number has changed from 843-664-0036 to 843-407-4090**

INSURANCE QUOTE

The following insurance quote is for:

Mark Williams dba Williams Transportation  
(Name of Motor Carrier)

\_\_\_\_\_  
(Address of Motor Carrier)

\*Note: Bodily injury and property damage limits will not be less than the following:

a. Liability Combined Each Occurrence \$1,000,000  
b. Medical Payments/Each Person \$1,000

✓ c) \$1,000,000 - GL

Amount of Premium:

Liability Insurance

4400.00

The above quoted premiums are for a term of 12 months.

Scottsdale Insurance Company

(Insurance Company Name)

1245 Celebration Blvd Florence SC 29501

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

8-4-09

Date

Jerry Poston 843-407-4090

(Authorized Insurance Company Representative)

**EXHIBIT FWA**

**Name:** MARK DOUGLAS WILLIAMS DBA WILLIAMS TRANSP.

**Address:** 16 SWEET THORNE CIRCLE

**Telephone No.** 803-238-7786 **Fax No.** 803-781-9581

**U.S.D.O.T. No.** \_\_\_\_\_ **ICC No.** \_\_\_\_\_

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes \_\_\_\_\_ No ☒ Pending \_\_\_\_\_ (Submit when received)  
(If "yes", indicate rating and provide copy) Satisfactory \_\_\_\_\_  
Conditional \_\_\_\_\_  
Unsatisfactory \_\_\_\_\_

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes \_\_\_\_\_ No ☒

3. Are there currently any outstanding judgment (s) against Applicant?

Yes \_\_\_\_\_ No ☒  
(If "yes", indicate nature of judgment(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes ☒ No \_\_\_\_\_

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ☒ No \_\_\_\_\_  
(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

Mark D. Williams  
(Applicant's Signature)

Sworn to before me

At Clarendon County

This 23<sup>rd</sup> day of August, 2009

Michael Pearson  
(Notary Public)

Commission Expires: May 30, 2010

FORM C-AC

Personal Identification Information

**Name of Applicant:** MARK DWAYNE WILLIAMS

**Address:** 16 SWEET THORPE CIRCLE

JENO, SC. 29063

**Federal Employer Identification Number:** \_\_\_\_\_

\*\*\*\*\* Confidential \*\*\*\*\*

**For Internal Use Only**

No. 3239 P. 1

Aug. 25. 2009 11:04AM SC Public Service Comm Docketing

**APPLICANT'S OATH**

I, MARK D. WILSON, verify under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. I certify that I am qualified and authorized to file this application. I certify that all vehicles owned and/or operated by the applicant have current Record of Annual Inspection forms on file at the company's primary place of business. I further certify that according to R. 103-150(4) (a), Proof Required to Justify Approving an Application, I have read the attached regulations governing Class C Non-Emergency Carriers and pledge to abide by these and all pertinent Statutes, Standards and Regulations. I am aware that willful misstatements or omissions of material facts may constitute grounds for revocation of any certificate that may be granted to me by the Commission, and/or may subject me to such other penalties as may be prescribed by South Carolina law. (Note: This oath embraces all schedules and supplemental filings to this application.)

Mark D. Wilson  
(Applicant's Signature)

Sworn to before me on

This 26<sup>th</sup> day of August, 2009

Michael Pearson  
(Notary Public)

Commission Expires: Aug 30, 2010

803-896-5179